

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000004160

1. Entity Name  
ECI SERVICES OF FLORIDA, INC.

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90112 032 \*\*\*150.00

Principal Place of Business  
1929 ALLEN PARKWAY  
10TH FLOOR  
HOUSTON TX 77019  
US

Mailing Address  
P.O. BOX 130548  
HOUSTON TX 77219-0548  
US

00050319



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 75-2553035		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City	FL	Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when reinstating)		DATE _____	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRANDENBURG, JOSEPH			NAME			
STREET ADDRESS	1929 ALLEN PARKWAY			STREET ADDRESS			
CITY-ST-ZIP	HOUSTON TX 77019			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLAIBORNE, TIMOTHY J			NAME			
STREET ADDRESS	1929 ALLEN PARKWAY			STREET ADDRESS			
CITY-ST-ZIP	HOUSTON TX 77019			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRIGGS, CURTIS			NAME			
STREET ADDRESS	1929 ALLEN PARKWAY			STREET ADDRESS			
CITY-ST-ZIP	HOUSTON TX 77019			CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DINEFF, SUZANNE			NAME	JUDITH M. MARSHALL		
STREET ADDRESS	1929 ALLEN PARKWAY			STREET ADDRESS	1929 ALLEN PKWY		
CITY-ST-ZIP	HOUSTON TX 77019			CITY-ST-ZIP	HOUSTON TX 77019		
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KULP, TODD C			NAME	HARRIS E. LORING III		
STREET ADDRESS	1929 ALLEN PARKWAY			STREET ADDRESS	1929 ALLEN PKWY, 9TH FLOOR		
CITY-ST-ZIP	HOUSTON TX 77019			CITY-ST-ZIP	HOUSTON TX 77019		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NEWBURN, LISA M			NAME	SUSAN L. GARRETT		
STREET ADDRESS	1929 ALLEN PARKWAY			STREET ADDRESS	1929 ALLEN PKWY		
CITY-ST-ZIP	HOUSTON TX 77019			CITY-ST-ZIP	HOUSTON TX 77019		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____	TREASURER	4/4/01	(713) 522-5141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034 (10/00)